60000 9487

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

W/6000 63969

SEP 2 7 2015

T. SCOTT



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09/12/16--01027--001 **78.75



September 15, 2016

ROSELY TORRES 10525 SUNRISE TERRACE DR ORLANDO, FL 32825

SUBJECT: MINISTERIO JESUS EN GETSEMANI, INC.

Ref. Number: W16000063969

We have received your document for MINISTERIO JESUS EN GETSEMANI, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 716A00019800

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

COVER LETTER

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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: MINISTERIO	O JESUS EN GETSEMANI, IN	C.				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:						
\$70.00	\$78.75	\$78.75	□ \$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
i ming i cc	Certificate of	& Certified Copy	Certified Copy			
	Status	,	& Certificate			
	ADDITIONAL COPY REC		PY REQUIRED			
	ROSELY TORRES					
FROM:	FROM:					
Name (Printed or typed)						
	10525 SUNRISE TERRACE DRIVE					
Address						
ORLANDO, FL 32825						
	City, State & Zip					

407-274-2172

rosely4life@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME MINISTERIO JE corporation shall be:	ESUS ĖN GETSEMAI	vi, Iha.	
ARTICLE II	PRINCIPAL OFFICE			SEP
802/2	Principal <u>street</u> address: 03 EGRET LANDING PLACE	105	Mailing address, if different is: 25 SUNRISE TERRACE DR	SEP 26 AM II: 5
ORLA	ANDO, FLORIDA 32825	OR	LANDO, FLORIDA 32825	H: 50
perform religio		hat it shall be operated	ganized and shall be operated exclusively as an organization that is organized and a rt or to carry out charitable work, feed the	at all times be
abused women	or men, counsel people religiously, pla	ant other churches nati	onally and internationally. To help and as	sist other to
better their live	es throughout community outreaches. To	o provide food, clothi	ng and counseling to individuals, families	s, the elderly,
				
to be an asset f	or the community. To provide marriage	e counseling based on	our Christian faith.	
to be an asset f	or the community. To provide marriage	e counseling based on		
to be an asset f	or the community. To provide marriage MANNER OF ELECTION The ma	anner in which the dire	By the Pro	esident -
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the dire	By the Proceedings are elected and appointed:	esident -
ARTICLE IV ARTICLE V Name and Title	MANNER OF ELECTION The ma	anner in which the dire ECTORS Name and Title	By the Proceedings are elected and appointed:	esident
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the dire	ctors are elected and appointed: By the Proceedings of the Procedure of t	esident
ARTICLE IV ARTICLE V Name and Title Address	MANNER OF ELECTION The manner of ELECTION TO THE MANNER OF THE MANN	anner in which the dire ECTORS Name and Title Address:	ALBERTO ROMERO/ VP 802 /203 EGRET LANDING PL. ORLANDO, FL 32825 HELEN CHALONEC/D	esident -
ARTICLE IV ARTICLE V Name and Title Address	MANNER OF ELECTION The manner of ELECTION TO THE MANNER OF THE MANN	anner in which the dire ECTORS Name and Title Address: Name and Title	ALBERTO ROMERO/ VP 802 /203 EGRET LANDING PL. ORLANDO, FL 32825 HELEN CHALONEC/D	esident -
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Name and Title:	1	Name and Title:	
Address		Address: 7	
_			
_			
Name and Title:_		Name and Title:	
Address		Address:	
_			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT accept	table) of the regis	stered agent is:
Name:	ROSELY TORRES	<u></u>	
Address:	10525 SUNRISE TERRACI	E DR	
	ORLANDO, FL 32825		
	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	ROSELY TORRES		
Address: 10525 SUNRISE TER		E DR	
	ORLANDO, FL 32825		
	EFFECTIVE DATE:		
	other than the date of filing:ate is listed, the date must be specific and		(OPTIONAL) re than five business days prior or 90 business days
after the filing.)	ne is noted, the date must be specific and	g cannot be mo	e than 1100 business days prior of 70 business days
	inserted in this block does not meet the appive date on the Department of State's recor		filing requirements, this date will not be listed as the
Having been nan	ned as registered agent to accept service o amiliar with and accept the appointment as	of process for the registered agen	e above stated corporation at the place designated in this t and agree to act in this capacity
DA		5 5	09/16/2016
	Required Signature of Registered A	Agent	Date
		n are true. I am	aware that any false information submitted in a document
w ine Departmen	ojjsime cynsminesza inira aegree jeiony a	is provided for th	
	12/ 1-		<u>09/16/2016</u>
	/ Required Signature of Incorp	orator	Date